



Wyoming Immunization Registry *OPT OUT* Form
To Discontinue Participation in the Wyoming Immunization Registry
(Send copy to Wyoming Immunization Program. Keep original on file.)

I choose to no longer have my child (or myself) participate in the Wyoming Immunization Registry and request that my child's (or my own) immunization records be removed from the Wyoming Immunization Registry.

Signature of Patient or Parent/Guardian

Date

Please Complete the Following Information to Assure the Correct Record is Removed from the Registry:

PATIENT:

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Birthday (m/d/y): _____
Facility: _____
Sex: _____

FAMILY:

Guardian First Name: _____
Guardian Middle Name: _____
Guardian Last Name: _____
Guardian SSN: _____
Mother's Maiden Name: _____

ADDRESS:

P.O. Box: _____
Street: _____
City, State, Zip: _____
County: _____
Phone: _____
Registry ID #: _____